

## ABSTRAK

**Eva Susanthi**

**Evaluasi Manajemen Program Perawatan Metode Kangguru (PMK) untuk Perawatan Bayi Berat Lahir Rendah (BBLR) di RSUD Gunung Jati Cirebon**

**xviii + 139 halaman + 71 tabel + 14 lampiran**

Persentase kejadian Bayi Berat Lahir Rendah (BBLR) di Kota Cirebon pada tahun 2011 sebesar 36,9% atau 208 BBLR per 5636 LH dan pada tahun 2012 sebesar 37,79% atau 208 kasus dari 5504 LH. Perawatan BBLR dengan Perawatan Metode Kangguru (PMK) sudah mulai diterapkan di Rumah Sakit Umum Daerah (RSUD) Gunung Jati Cirebon sejak tahun 2011. Hasil studi pendahuluan didapatkan ada keterbatasan SDM terlatih, anggaran dan sarana prasarana, perencanaan program PMK tidak dibuat serta belum adanya koordinasi dengan stakeholder. Tujuan penelitian ini untuk menganalisis pelaksanaan manajemen program PMK di RSUD Gunung Jati dilihat dari aspek input, proses, output dan lingkungan.

Metode penelitian ini yaitu kualitatif melalui wawancara mendalam dan observasi langsung. Informan utama terdiri dari 5 orang yaitu Direktur RSUD Gunung Jati Cirebon, Kepala Ruang Perinatologi dan 3 orang petugas terlatih PMK di Ruang Perinatologi. Informan triangulasi 20 orang terdiri dari 9 orang dari pihak rumah sakit, 6 orang dari pihak stakeholder dan 5 orang dari ibu/keluarga BBLR. Data dianalisis menggunakan metode *content analysis*.

Hasil penelitian menunjukkan bahwa pelaksanaan program PMK di RSUD Gunung Jati belum optimal, dimana variabel input masih kurang yaitu SDM terlatih PMK masih kurang, anggaran hanya ada pada awal program, sarana dan prasarana sangat terbatas, SOP belum disesuaikan dengan kondisi rumah sakit, hal ini dikarenakan jajaran manajerial belum membuat analisis kebutuhan dan belum menguasai bagaimana melakukan analisis masalah. Variabel proses didapatkan perencanaan, pengorganisasian belum dilaksanakan karena jajaran manajerial belum menguasai manajemen sehingga berpengaruh pada pelaksanaan program PMK yang hanya dilaksanakan kurang dari dua jam menjelang pasien dipulangkan sehingga pasien tidak begitu paham bagaimana PMK dilanjutkan dirumah, hal ini dikarenakan SDM terlatih sangat terbatas dengan beban kerja yang tidak sedikit. Variabel output tidak menggambarkan keberhasilan program PMK karena rumah sakit tidak membuat perencanaan standar output. Variabel lingkungan yaitu stakeholders berjalan sendiri-sendiri, jejaring pelaksanaan program PMK belum terkoordinir dengan baik.

Disarankan agar RSUD Gunung Jati membekali jajaran manajerial di RSUD Gunung Jati mengenai analisis masalah agar dapat memenuhi keterbatasan input dan membekali jajaran manajerial mengenai manajemen program PMK, membuat output program yang ingin dicapai dan membuat jejaring kerjasama dengan stakeholders.

Kata Kunci : Perawatan Metode Kangguru, Sistem, Input, Proses, Output, Lingkungan.

Referensi : 32 (1978-2012)

## **ABSTRACT**

**Eva Susanthi**

**Management Evaluation of Kangaroo Mother Care to Take Care of Low Birth Weight Babies at Gunung Jati Public Hospital in Cirebon**

**xviii + 139 pages + 71 tables + 14 enclosures**

Percentage of Low Birth Weight Babies (LBWB) in Cirebon City was 36.9% or 208 cases from 5,636 live births in 2011 and was 37.79% or 208 cases from 5,504 live births in 2012. Kangaroo Mother Care (KMC) to take care LBWB has been implemented at Gunung Jati Public Hospital in Cirebon since 2011. The result of preliminary research revealed that number of trained workers, available funds, and means were limited, planning of KMC program was not made, and there was no coordination with stakeholders. This research aimed to analyze management implementation of KMC program at Gunung Jati Public Hospital viewed from the aspects of input, process, output, and the environment.

This was qualitative research by conducting indepth interview and direct observation. Number of Informants was 5 persons consisted of the Gunung Jati Public Hospital Director, Head of Perinatology Room, and 3 trained KMC officers at the Perinatology Room. In addition, number of informants for triangulation purpose was 20 persons consisted of 9 persons from the hospital, 6 persons from stakeholders, and 5 persons from LBWB families. Data were analyzed using content analysis.

The result of this research showed that the implementation of KMC program at the hospital had not been done optimally. Regarding Input variables, there were fewer trained KMC officers, allocation of fund was just available at the beginning of the program, means was limited, Standard Operating Procedure had not been adjusted with the hospital condition because hospital managers had not made analysis of necessity and they could not make problem analysis. The process variables indicated that planning and organizing had not been implemented because the managers could not manage well. This condition influenced the implementation of KMC program which had to be conducted less than two hours before patients went home. This problem was due to limited number of trained KMC officers and heavy workloads. The output variables showed that the success of the program could not be described because there was no output standard. The environment variables revealed that there was no good coordination among stakeholders.

As a suggestion, the hospital director needs to improve the hospital managers' knowledge about problem analysis as an input variable and management of KMC program as an output variable. The director also needs to determine a standard of output and improve cooperation with stakeholders.

**Key Words** : Kangaroo Mother Care, System, Input, Process, Output,  
The Environment

**Bibliography** : 32 (1978-2012)